

City of Muskegon Planning & Zoning Application

Planning Commission	Zoning Board of Appeals
<input type="checkbox"/> Amendment to Ordinance (\$300)	<input type="checkbox"/> Variance (\$150 Residential or \$300 Commercial/Industrial)
<input type="checkbox"/> Rezoning (\$300)	<input type="checkbox"/> Ordinance Interpretation (\$150 Res. or \$300 Com./Ind.)
<input type="checkbox"/> Special Use Permit (\$300)	<input type="checkbox"/> Zoning Appeal (\$150 Residential or \$300 Com./Ind.)
<input type="checkbox"/> PUD - Preliminary (\$300)	<input type="checkbox"/> Special Meeting (\$400 additional)
<input type="checkbox"/> PUD - Final (\$300)	Site Plan Review
<input type="checkbox"/> PUD - Amendment (\$300)	<input type="checkbox"/> Staff Review - Minor (\$100)
<input type="checkbox"/> Vacation - Alley or Street (\$300)	<input type="checkbox"/> Staff Review - Major (\$200)
<input type="checkbox"/> Special Meeting (\$400 additional)	<input type="checkbox"/> Planning Comm. Review (\$200)

Address/Location of Subject Property: _____

Parcel # of Subject Property: _____

Current Zoning & Use of Subject Property: _____

Applicant Information:

Name: _____ Organization: _____

Address: _____ City/State/Zip: _____

Phone (H): _____ Phone (W): _____ Fax: _____

I hereby attest that all information on this application is, to the best of my knowledge, true and accurate.

Signature: _____ Date: _____

I hereby grant permission for members of the City of Muskegon (Planning Commission) (Zoning Board of Appeals) (City Commission) (Staff) to enter the property described below (or as described in the attached) for the purpose of gathering information related to this application. (Note to applicant: This is optional and will not affect any decision on your application)

Signature of Owner: _____ Date: _____

Applicant is the: ☐ Owner ☐ Lessee ☐ Optionee ☐ Contractor/Architect

If the applicant is not the owner of the property, complete the following:

Owner's Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Signature: _____

Proposed Use: _____ Proposed Zoning: _____

Explanation of Request: _____

If application is for a Special Use Permit or Planning Commission Site Plan Review, please attach sixteen (16) copies of a complete site plan. If application is for a Planned Unit Development, please attach nineteen (19) copies of a complete site plan. If application is for a Staff Site Plan Review, please attach six (6) copies of a complete site plan.

TO BE COMPLETED BY CITY

Date application received & accepted: _____

Receipt Number: _____ Staff: _____

Meeting Date (if applicable): _____

Note: Information contained in this application, as well as supporting documentation, may be subject to review by the public if a Freedom of Information Act Request is filed.

Please attach a legal description of the property involved with this request.